

**DISPUTE RESOLUTION DEPARTMENT**  
**REQUEST FOR SERVICES**

Case Name \_\_\_\_\_ Date \_\_\_\_\_

Case No. \_\_\_\_\_ File No. \_\_\_\_\_

- ☐ Pre-Decree                      ☐ Agreed Referral                      ☐ Full Investigation  
☐ Post-Decree                      ☐ Post Decree Mediation                      ☐ Brief Focused Investigation  
☐ Court Ordered (by Judge/Mag)    ☐ Other \_\_\_\_\_  
☐ Home Visit Requested  
(State reason below)

**Mother has filed for** ☐ Shared parenting    ☐ To be sole residential parent    ☐ Change of Parenting time  
☐ Other \_\_\_\_\_

**Father has filed for** ☐ Shared Parenting    ☐ To be sole residential parent    ☐ Change of Parenting time  
☐ Other \_\_\_\_\_

**Specific problems to be addressed:**

**Mother:**

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Home Phone (     ) \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone (     ) \_\_\_\_\_  
Attorney \_\_\_\_\_ Phone No (     ) \_\_\_\_\_

**Father:**

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Home Phone (     ) \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone (     ) \_\_\_\_\_  
Attorney \_\_\_\_\_ Phone No (     ) \_\_\_\_\_

**Children:**

Name _____	Age _____	Living With Whom _____
_____	Age _____	Living With Whom _____
_____	Age _____	Living With Whom _____
_____	Age _____	Living With Whom _____

**To Be Completed by Court Parenting Investigations**

Follow up hearing to be set? Yes \_\_\_\_\_ No \_\_\_\_\_ Length of time for hearing \_\_\_\_\_  
Before Judge/Magistrate \_\_\_\_\_ Date of hearing \_\_\_\_\_ (if  
pre-set by Magistrate or Judge – please call Dispute Resolution Dept. to obtain approx. time frame for appt. date –  
hearings should occur no sooner than 45 days after first scheduled appt. with the parents)